

The Senator from Nevada (Mr. REID) moves to refer H.R. 3326 to the Committee on Appropriations with instructions to report back with the following amendment No. 3249:

At the end, insert the following:

The Appropriations Committee is requested to study the impact of any delay in implementing the provisions of the Act on service members' families.

Mr. REID. Madam President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 3250

Mr. REID. Madam President, I have an amendment to my instructions at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada (Mr. REID) proposes an amendment numbered 3250 to the instructions of amendment No. 3249.

Mr. REID. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the end, add the following:

"and the health care provided to those service members."

Mr. REID. Madam President, I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

AMENDMENT NO. 3251 TO AMENDMENT NO. 3250

Mr. REID. Madam President, I have a second-degree amendment at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Nevada (Mr. REID) proposes an amendment numbered 3251 to amendment 3250.

Mr. REID. Madam President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

At the end, add the following:

"and the children of service members."

Mr. REID. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

Mr. ENSIGN. I object.

The PRESIDING OFFICER. Objection is heard. The clerk will continue calling the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. REID. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. REID. It is my understanding that the Senator from Texas wishes to speak for up to 5 minutes. I ask unanimous consent that she be recognized, and following that Senator DURBIN be recognized.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Texas is recognized.

Mrs. HUTCHISON. Madam President, I thank the majority leader for allowing me to speak because I am very concerned about a precedent that has been set on the floor in this last vote.

When the Senator from Vermont withdrew his amendment and started talking, my motion to commit was the measure pending on the floor. I did not have notice—which is the normal procedure here—to be able to talk on my motion. We had no idea there would be a motion to table my motion before I had a chance to close.

Here is my point. The measure that was tabled, the Hutchison-Thune motion, would have assured the American people that there would not be 4 years of tax collection before any kind of program would be put forward under the health care reform package. I thought it was very important that Senator THUNE and I be able to close on that. That is a concept we have always had in the Senate—that a program starts when it starts. That means if taxes are included, the taxes will start when the program starts. That is not the case in the underlying bill. The underlying health care reform bill has 4 years of taxes. There will be taxes on insurance companies that will surely raise the premium of every insurance policy in America. There are taxes on prescription drug companies, so that prescription drug prices will surely go up. There are taxes on medical device companies, so the prices on health care equipment will also go up. How much are we talking about? We are talking about \$100 billion in taxes that will start in 3 weeks—in January of 2010. Again, we are looking at taxes that will start in 3 weeks, next month, which will accumulate up to \$73 billion before a program is implemented that will give anyone a choice of an affordable health care option.

That is the motion that was tabled 10 minutes ago. I want to make sure everyone knows I never had a chance to close on the motion. Senator THUNE didn't have a chance to close, because it was a motion made that could not be objected to. That is not the way things have operated here in the past, and I think it is time we bring back the traditions of the Senate, where we have time that we agree to, everybody has their say, and then we go forward.

I am very concerned about that process. I hope it is not setting precedent because I think we can resurrect health care reform if we have a bipartisan health care effort. If we have an effort

that will bring down the costs, that will increase the risk pools so that an employer will be able to afford to offer employees health care coverage, bring down the costs of health care with medical malpractice reform that would save \$54 billion in the system, we can do things without a government takeover of health care. But the bill that is before us has \$½ trillion in Medicare cuts—Medicare cuts, \$½ trillion—and \$½ trillion in new taxes—taxes on businesses that offer not enough coverage, businesses that offer too much coverage, a 40-percent excise tax on policies that give what is called Cadillac coverage, the high benefit plans. So if you have a good insurance policy, you have a 40-percent tax on top of the premium you pay. And if you have too little coverage, you also get taxed. You are whipsawed in this bill.

I think the small business people of this country know what this bill is about because that is the comment we are getting. They are the people calling into our offices. They are the people I see on the airplanes as I go back and forth to try to make sure we are covering the bases on this bill and trying to let the American people know what is in it.

I am concerned about the precedent that was set, but more than that, I am concerned that the American people must know that if this bill passes as it is on the floor today, the taxes will take effect in 3 weeks, that insurance premiums will surely go up, prescription drugs will surely go up, prices on medical equipment will surely go up, and there will not be an affordable insurance plan for people to choose to take for 4 years. It is like buying a house and having the mortgage company hand you the keys and say: Come back in 4 years, and we will let you unlock the door.

I don't think that is transparency, and it is certainly not health care reform. I hope there is still a chance that we can bring this body to a bipartisan effort that will allow lower premiums, more health care options for the people of this country but, most important, that will keep the quality of health care, the choices we have in health care that Americans have come to expect and not start going on the road to a single-payer system because in the end, that is what the bill before us will lead to. It will be a single-payer system. It will take choices out. It will take quality out.

It will add taxes and burdens on our small businesses at a time when they need to be able to hire people to get our economy going and to get that jobless rate down. We need them to employ people. We need to encourage our employers to employ people. They cannot do it if we put more taxes and burdens on them, which is what the bill before us does.

I thank the majority leader for allowing me to speak since I did not have a chance to speak before my motion was tabled. I hope the American people